

MULTIPLE DEPEN. FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						CLAIM	SERIAL NO. <i>10/552454</i>	FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51					
2	/						52					
3		2					53					
4	/						54					
5		1					55					
6		2					56					
7		3					57					
8	/						58					
9	/						59					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	14						TOTAL IND.					
TOTAL DEP.	13						TOTAL DEP.					
TOTAL CLAIMS	11						TOTAL CLAIMS					